

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

P.O. Box 1947
Sacramento, CA 95812-1947
(916) 576-7109
(916) 263-1406 (FAX)
(916) 263-1402 (TDD)



May 26, 2011

To All Department of Energy Weatherization Assistance Program Contractors:

2009/2010 Department of Energy Weatherization Assistance Program (DOE WAP) Contract Amendment

Enclosed is your agency's contract packet for the 2009/2010 Department of Energy Weatherization Assistance Program Contract Amendment. It includes two complete copies of the contract amendment changes (face sheet, exhibits, and attachments). In order to expedite the execution of your contract packet, please observe the following instructions, and feel free to use this letter as a checklist.

- ☐ Please submit a copy of your current board resolution for the 2009/2010 Department of Energy Weatherization Assistance Program (DOE WAP) to ensure efficient processing once returned. The board's resolution must identify whom it has authorized to sign the 2009/2010 DOE WAP contract and any amendments.
- ☐ Complete the section labeled "CONTRACTOR'S NAME" on both face sheets. Print or type the name and title of the person who is authorized to sign the contract. Print the date signed. Ensure that your agency's authorized representative has signed both face sheets.
- ☐ The following exhibits are part of the contract packet. Please complete, sign, and return both copies with the contract packet.
 - The term of this Agreement has changed from June 30, 2010 through June 30, 2011 to June 30, 2010 through June 30, 2012.

All other terms and conditions shall remain unchanged.

- ☐ Do not use correction fluid or tape. If a correction to any page is necessary, please contact your Field Representative. If you need to reproduce contract pages, please do so single-sided only.
- ☐ When you return the contract packet to CSD, please arrange all pages, including the face sheets, exhibits, and all attachments, in the same order in which you received them. Include your board roster, bylaws, resolution, and minutes as applicable; insurance and fidelity bond documents; advance request; and, if desired, a transmittal letter, but do not staple or otherwise attach these documents to the contracts themselves.

☐ Please return your completed contract packet within 30 days (45 days for public agencies) to:

Contract Services Unit
Department of Community Services and Development
P.O. Box 1947
Sacramento, CA 95812-1947

When sending documents via overnight mail, please use CSD's street address as shown on the face sheet.

Please keep in mind that in order for CSD to execute your contract, all of your agency's contract documents must be **complete**. Authorized persons must sign both face sheets.

If you have questions regarding the contracting process or insurance coverage, you may contact Abigail Churchill of my staff at (916) 576-5316.

Sincerely,



KIMBERLEY PETZ
Manager, Contract Services Unit

KP:ac
Enclosures

STANDARD AGREEMENT

STD. 213 (Rev. 6/03)


DOE SAMPLE AGREEMENT AMENDMENT

AGREEMENT NUMBER 09C-	AMENDMENT NUMBER
REGISTRATION NUMBER	

1. This Agreement is entered into between the State Agency and the Contractor named below
STATE AGENCY'S NAME
Department of Community Services and Development
CONTRACTOR'S NAME
Provider
2. The term of this Agreement is: June 30, 2010 through June 30, 2012
3. The maximum amount of this Agreement is: \$
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement:
 1. The maximum amount of this Agreement payable to Contractor by the State remains unchanged.
 2. The term of this Agreement has changed from June 30, 2010 through June 30, 2011 to June 30, 2010 through June 30, 2012.

All other terms and conditions shall remain unchanged.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) Provider		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS Provider Address		
STATE OF CALIFORNIA		
AGENCY NAME Department of Community Services and Development		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	<input type="checkbox"/> Exempt per _____
PRINTED NAME AND TITLE OF PERSON SIGNING Leisa Maestretti, Chief Financial Officer		
ADDRESS 2389 Gateway Oaks Drive, Suite 100, Sacramento, California 95833		